PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CECOM-05.US

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			14		1			RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/4 minus 20=		* Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*	Q		X43=		OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESÈNT					+145=		OR	+290=	
* If the difference in column 1 is less th				ero, enter	"0" in d	column 2	L	TOTAL		OR	TOTAL	
	C		MENDED	IDED - PART II			٠	SMALL	ENTITY	J OR	OTHER SMALL I	
_		(Column 1)		(Colum		(Column 3)	1 6	SWALL		1 1	SINALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		`X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MU	Minus	***	CL AUA	-		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JUIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
	•						L	TOTAL		ΩP	TOTAL	
		(Column 1)		(Colum	.n. 2\	(Column 2)	Α	DDIT. FEE	•]	ADDIT. FEE	
		CLAIMS		(Colum		(Column 3)	1 -		4001	ı 1		
AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	OL A 184	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							L	TOTAL	· ·	OR ,	TOTAL	
(Column 1) (Column 2) (Column 2)								DDIT FEE L		, ,	ADDIT. FEE	
	`	(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	_			r		
ᇎᅡ		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=			X86=	
٩_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	740-		OR	700=	
* 14	the struit color	nn 1 is less than the	Anthuin actus	00 0 mmin = "	N' io col·	.mn 3	Ŀ	+145=	. ,	OR	+290=	
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
II	ine mignest Nui he "Highest Num	mber Previously Paid ber Previously Paid	io For" (Total or	SPACE is I Independen	ess than t) is the	ា 3, enter "3." highest number			opriate box			